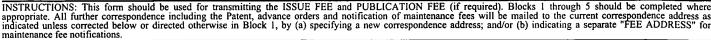
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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BAKER & HOSTETLER LLP  WASHINGTON SQUARE, SUITE 1100  1050 CONNECTICUT AVE. N.W.  WASHINGTON, DC 20036-5304  24/2006 MBEYENE2 00000063 10720143  CE: 1501  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimily transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name (Signature)		CE ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of Fee(s) Transmittal. I papers. Each addition to the country of the country	of mailing can only be used for this certificate cannot be used a nal paper, such as an assignment of mailing or transmission.	or domestic mailings of the for any other accompanyinent or formal drawing, mus
A/2006 HBEYENE2 00000063 10720143   Coposition's name   Signature   Signatur	BAKER & HOS? WASHINGTON S 1050 CONNECTION	TETLER LLP QUARE, SUITE 1100 CUT AVE. N.W.			C	ertificate of Mailing or Trans	mission
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.  10/720,143 11/25/2003 Dana Andrew Oliver 15184.21000 4311  TITLE OF INVENTION: SURGICAL ARM ASSEMBLY INCLUDING QUICK CONNECT MECHANISM  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 02/16/2006  EXAMINER ART UNIT CLASS-SUBCLASS FERGUSON, MICHAEL P 3679 403-031000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  Change of correspondence address or indication form PTO/SB/122) attached.  1. Change of correspondence address or indication form PTO/SB/122 attached.  1. Change of correspondence address or indication form PTO/SB/122 indication (or "Fee Address" Indication form PTO/SB/122) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, or agents OR, alternatively or agents of the names of up to 3 registered patent attorneys or agents. If no name is 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/2006 MBEYENES 00000	063 10720143					(Depositor's name
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FERGUSON, MICHAEL P  3679  403-031000  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Teleflex - CT Devices  Mansfield, MA  Incorporated  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s):  A check in the amount of the fee(s) is enclosed.  A check in the amount of the fee(s) is enclosed.	•					\$1700	02/16/2006
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Advance Order - # of Copies MI The Director is hereby authorized by charge the required fee(s), or credit any overpayment, t Deposit Account Number 50 - 2036 (enclose an extra copy of this form).	I. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  TFee Address" indicat PTO/SB/47; Rev 03-02 on Number is required.  AASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNET Teleflex—Incorporational Corporational Co	dence address (or Change of 6 22) attached.  tion (or "Fee Address" Indica or more recent) attached. Use of RESIDENCE DATA TO B. an assignee is identified be 137 CFR 3.11. Completion of EE  CT Devices ed eassignee category or category enclosed:	Correspondence tion form of a Customer  E PRINTED ON T low, no assignee of this form is NOT  (B	2. For printing (1) the names or agents OR, (2) the name or registered atto 2 registered atto 2 registered parts of the part o	of up to 3 registered pat alternatively,  f a single firm (having as riney or agent) and the natent attorneys or agents. It is will be printed.  int or type) on the patent. If an assigning an assignment.  CITY and STATE OR CO.  field, MA  t): Individual X o.  s): e amount of the fee(s) is a	ent attorneys  I Baker  S a member a 2 mes of up to 1 If no name is 3  gnee is identified below, the d  DUNTRY)  Corporation or other private groenclosed.	ocument has been filed fo
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Typed or printed name Erdal Dervis

Authorized Signature

Registration No. 51,612

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